Control State of Facility
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STATE OF KANSES
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Kansas Division of Emergency Management SLA Payroll Summary

Jurisdiction Shawnee Co
Period Covered Oct- 1, 2006 - Sept 30th, 2007

certify that this is a true copy of our Emergency Management Organizations's monthly	
payroll and percentage of time applied. I further certify this information as having been extracted	
from the original which, with supporting documents, are on file in the office of	
n	

Chief Financial Officer

					EMPLOYEER'S SHARE OF BENEFITS							
	Employee	Position	Hrs/Days	Gross	Social			Unempl	Workers		Total	TOTAL
Pay period	Name	Title	EM worked	Earnings	Security	Retierment	Insurance	Comp	Comp	Other	Benefits	PERSONNEL
	SLA FULL TIME											
	FUNDED STAFF											
Oct 1-06 Sept-	200				area il statte scatti			11107-07-0		00 VEW 170000 040040		1
30-07	Gary Milldleton	Coordinator	40 hrs week	120,000.00	7,440.00	3,864.00	16,884.00	168.00	3,624.00	1,740.00	33,720.00	153,720.00
Oct 1-06 Sept-				110 007 00	7 077 00	0.004.00	10 711 00	407.00	0.500.00	4 705 00	20 40 4 00	450 404 00
30-07	Tim Welch	Asst. Coord	40 hrs week	118,987.00	7,377.00	3,831.00	16,741.00	167.00	3,593.00	1,725.00	33,434.00	152,421.00
												A.
			F h		paid from		paid from		paid from another	paid from another		
Oct 1-06 Sept- 30-07		0001	5 hours week	\$ 230.00	another fund		another fund				paid from another fund	\$ 230.00
30-07	Silerry Karisas	secy	week	\$ 230.00	Turiu	Turiu	Turiu	Turiu	Turiu	Turiu	another fund	\$ 230.00
												_
											ALTEN ELE	
						-		STATE OF THE PARTY			ALC:	
								N. Carlo		李月里	(W. S. A. 1997)	
									100			
		A CHARLES			No.							
		14		The same of								
totals												306,141.00
fed share												153,070.50

BENEFIT RATES

 SOC SEC
 6.20%

 RETIREMENT
 3.22%

 SALARY BASE
 8571.5

 INSURANCE
 14.07%

 UNEMPLY
 0.14%

 WORKMEN'S COMP
 3.02%

 OTHER
 1.45%

COMMENTS:

FRM15 DIRECTIONS

PAY PERIOD	PAYROLL PERIOD REFLECTED ON WARRANT.
EMPLOYEE NAME	NAME OF EMPLOYEE FOR WHICH REIMBURSEMENT IS REQUESTED.
FULL/PART TIME	INDICATE IF POSITION IS FULL/PART- TIME AND LIST ON THE APPROPRAITE FORM
POSITION TITLE	SELF EXPLANATORY.
HRS/DAYS WORKED EM	TIME SPENT WORKING EMERGENCY MANAGEMENT(MUST BE SUPPORTED BY TIME SHEETS KEPT ON FILE BY COUNTY).
GROSS EARNINGS	GROSS SALARY OF EMPLOYEE.
SOCIAL SECURITY	AMOUNT OF SOCIAL SECURITY PAID BY COUNTY FOR EACH EMPLOYEE PER PAY PERIOD.
RETIREMENT	AMOUNT OF RETIREMENT BENEFIT PAID BY COUNTY FOR EACH EMPLOYEE PER PAY PERIOD.
INSURANCE	AMOUNT OF INSURANCE BENEFIT PAID BY COUNTY FOR EACH EMPLOYEE PER PAY PERIOD.
UNEMPLOYMENT COMPENSATION	AMOUNT OF UNEMPLOYMENT COMPENSATION PAID BY COUNTY FOR EACH EMPLOYEE PER PAY PERIOD.
WORKERS COMP	AMOUNT OF WORKERS COMPENSATION PAID BY COUNTY FOR EACH EMPLOYEE PER PAY PERIOD.
TOTAL BENEFITS	ADD COLUMNS SOCIAL SECURITY THROUGH OTHER FOR TOTAL BENEFITS PAID BY COUNTY.
TOTAL PERSONNEL	ADD SALARY PAID BY COUNTY + SAL ADJ/OT + TOTAL BENEFITS.
TOTALS	SUM EACH COLUMN.
FED SHARE	CALCULATE 50% OF TOTAL FOR EACH COLUMN.
BENEFIT RATES	ENTER THE RATE USED TO CALCULATE BENEFITS PAID BY THE COUNTY.
SALARY GROSS	ENTER THE SALARY GROSS USED TO CALCULATE THE BENEFITS PAID BY THE COUNTY.
COMMENTS	ANY COMMENTS NECESSARY TO CLARIFY INFORMATION.